

<b>3-4</b>	<b>Physical Disabilities Services</b>	<b>Part 1 of 2</b>
<b>Authorizing Utah Code: 62a-5-103</b>	<b>Rule: R539-7-4</b>	<b>PD Services</b>
<b>Approved: 3/20/03</b>	<b>Rule Effective:</b>	<b>Printed:</b>
<b>Form(s):</b>	<b>Guideline(s): None</b>	

## POLICY

**Physical Disabilities Services** include but are not limited to attendant care services, consumer preparation services, Local Area Support Coordinator Liaison services and personal emergency response systems for eligible adults (see Policy 3-1, Eligibility and Intake for **Physical Disabilities Services**). **Physical Disabilities Services** support daily activities necessary to maintain well-being, safety and interactions to allow the **Person** to live independently at home and allow for full participation in community life. **Physical Disabilities Services** shall be provided in the **Person**'s home, apartment, and/or community.

## PROCEDURES

1. Attendant care services include both medical and non-medical assistance specific to the needs of the eligible adult. Attendants provide skilled medical assistance and health maintenance to the extent State law allows an individual with the attendant's education, training and/or certification to perform such services. Attendants also provide housekeeping, chore services and other reasonable and necessary activities incidental to assisting the **Person**.
  - A. Attendants are selected by the eligible adult and must:
    - i. be at least 18 years of age;
    - ii. provide proof of Social Security number;
    - iii. have or obtain a current a Health Care Assistant Registration (HCA Act 58-62);
    - iv. pass a criminal background check;
    - v. demonstrate competency in all aspects of the assistance to be provided as determined by the **Person** who will receive the attendant services;
    - vi. understand and carry out written and verbal instructions, write simple notes about assistance activities, record messages; and
    - vii. have current certification in First Aid.
  - B. Attendants who provide attendant care services must meet all requirements listed above before working with any eligible adult. The spouse of an eligible adult in the Physical Disabilities **Waiver** cannot be paid to provide attendant care services. Any other individuals who meet all the requirements for attendants may provide attendant care services under the **Waiver**. If the **Person** is receiving state funded Physical Disability services, their spouse can be paid as their attendant.
  - C. Attendant services shall be provided on a regularly scheduled basis and shall be

<b>3-4</b>	<b>Physical Disabilities Services</b>	<b>Part 2 of 2</b>
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available to **Persons** who live alone, with roommates, with a spouse and/or children.

2. Consumer preparation services shall include instruction in how to identify and effectively communicate personal needs to attendant(s), how to manage attendant(s), how to address problems that relate to the personal attendant, and what to do if they are being exploited and/or abused.
  - A. The need for and type of consumer preparation service will vary depending upon the nature of the **Person**'s disability and the person's experience in directing and supervising personal attendants.
  - B. Consumer preparation services will not include educational, vocational, or prevocational components.
  - C. Division staff or a qualified agency under contract, with the Division, to provide such services shall provide consumer preparation services.
  
3. A Personal Emergency Response System is an electronic device, which enables persons to secure help in the event of an emergency. The **Person** may also wear a portable "help" button to allow for mobility. Only **Person**s who live alone, live with others who are not able to respond to an emergency, or who are alone for significant periods of the day and have no regular assistance for extended periods of time are eligible for such a system.
  - A. Personal Emergency Response System services must be provided through an authorized vendor under contract with the **Division**, licensed either as a home health agency or an alarm system network by the Federal Communications Commission.
  
4. Local Area Support Coordination Liaisons:
  - A. Assist the **Person** to identify local **Waiver** service providers, community-based resources, natural supports, and educate on choices when multiple options are available.
  - B. Establish a periodic schedule with the **Person** as part of the plan of care, based on their assessed need.
  - C. Provide the Nurse Coordinator with routine updates on delivered services and immediate notification in the event of substantive changes in a **Person**'s health or

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safety or a request for changes in **Person's** services.

- D. Participate in quality assurance evaluations of **Waiver** services as it pertains to the local area.
5. The use of **Physical Disabilities Services** funds for any purpose other than to purchase or arrange for approved services may result in suspension or discontinuation of **Physical Disabilities Services** benefits.
  6. Each **Person's** support services will be reviewed annually by the **Division** Physical Disabilities Nurse Coordinator to determine satisfaction with existing services and to evaluate the continuing **Level of Care**.
  7. Annual benefit amounts shall be determined according to the annual review.
  8. All Physical Disabilities **Waiver** services must be listed on and provided in accordance with the **Person's** plan of care.